

California Assistive Technology Exchange (CATE) AT Device Loan Agreement Form

For CATE Use Only

____ Data Needed
____ Data Complete
____ NISAT Data Entered

Transaction #: _____
(To Be Completed by CBO Staff Only)

CBO Identification (To Be Completed by CBO Staff Only)

<input type="checkbox"/> ATEC	<input type="checkbox"/> CCATC	<input type="checkbox"/> KATC	<input type="checkbox"/> UCP	Staff: _____
<input type="checkbox"/> CALIF	<input type="checkbox"/> FREED	<input type="checkbox"/> SVILC	<input type="checkbox"/> RS	First Name Last Name
<input type="checkbox"/> CART	<input type="checkbox"/> HRC	<input type="checkbox"/> TCILC	<input type="checkbox"/> CRIL	<input type="checkbox"/> ILSNC

Please read the following carefully. Your signature indicates that you agree to the terms listed below.

- CATE and this participating CBO does not accept responsibility or liability for loss injury or any other damages to person (including death) or property resulting from the use of materials borrowed from this participating CBO.
- The borrower agrees to hold harmless and indemnify CATE and the CBOs, its trustees, employees, officers, agents and representatives for any damages sustained by anyone using the equipment which is the subject of this agreement.
- The borrower understand and agree that she/he is responsible for the proper handling, storage, use, care, maintenance and return of the device(s), component(s) or accessory(ies) loaned to them.
- The borrower shall not pledge, assign, transfer or otherwise give any interest in and to the device(s), component(s) and accessory(ies) to any third party.
- The borrower shall be fully responsible for the AT device(s) from time of accepting this equipment until receipt of the AT device by this CBO upon its return.
- The borrower will return the AT Device to this participating CBO in the same condition in which they were borrowed.
- The borrower who lose AT device or damage them shall be responsible for replacing or repairing them.
- If there are problems with device(s) loaned to a borrower if there are changes in name or address, then please contact this participating CBO as soon as possible.
- In the sole discretion of CATE and participating CBOs, borrower's ability to further participate in any such programs or grants or loans from the AT Device Loan Program and all its related programs may be suspended for a period of time or indefinitely for failure to abide by the AT Device Loan Agreement Form and all of its obligation, including but not limited to, failure to return the device(s), component(s) or accessory(ies) in a timely manner; failure to pay for any and all costs or fees which are the responsibility of the borrower(s); and return of any device(s), component(s), or accessory(ies) in a condition beyond normal wear and tear.

AT Device Consumer Signature: _____ Date of Signature: _____ / _____ / _____
MM DD YYYY

Consumer Address Information: (Check Only One Box)

☐ Home Address ☐ Work Address

Street Address: _____
Street Number Street Name Apt # / Suite #

City: _____ State: _____ Zip Code: _____

County: _____ Home/Work/Cell Phone: _____ Pager/Fax: _____
(Circle One) xxx-xxx-xxxx (Circle One) xxx-xxx-xxxx

Email: _____